

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number CML01170T																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">In re Application of</td> <td colspan="2">Wang et al.</td> </tr> <tr> <td>Application Number</td> <td>10/700,212</td> <td>Filed 11/03/2003</td> </tr> <tr> <td>For</td> <td colspan="2">SEQUENTIAL FULL COLOR DISPLAY AND PHOTOCELL DEVICE</td> </tr> <tr> <td>Group Art Unit</td> <td>2871</td> <td>Examiner Dudek, James A.</td> </tr> </table>			In re Application of	Wang et al.		Application Number	10/700,212	Filed 11/03/2003	For	SEQUENTIAL FULL COLOR DISPLAY AND PHOTOCELL DEVICE		Group Art Unit	2871	Examiner Dudek, James A.								
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<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a Reply in the above-identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows: (Check time period desired):</p> <table style="width: 100%;"> <tr> <td style="width: 15%;"><input checked="" type="checkbox"/></td> <td style="width: 55%;">One Month (37 CFR 1.17(a)(1))</td> <td style="width: 15%; text-align: right;">\$110.00</td> <td style="width: 15%; text-align: right;">\$ 110.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Two Months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$390.00</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Three Months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$890.00</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Four Months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$1390.00</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Five Months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$1890.00</td> <td style="text-align: right;">\$</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown Above is reduced by one-half, and the resulting fee is \$</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment, to Deposit Account Number <u>502117</u> I have enclosed a duplicate copy of this sheet.</p> <p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor</p> <p><input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71.</p> <p><input checked="" type="checkbox"/> Attorney or agent of record (Registration No.: <u>38,529</u>)</p> <p><input type="checkbox"/> Attorney or agent under 37 CFR 1.34(a) Registration number if acting under 37 CFR 1.34(a) _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p><u>May 4, 2005</u></p> <p>Date</p> </div> <div style="text-align: center;">   <p>Signature</p> <p><u>James A. Lamb</u></p> <p>Type or printed name</p> </div> </div> <p><b>NOTE:</b> Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> form(s) are submitted</p>			<input checked="" type="checkbox"/>	One Month (37 CFR 1.17(a)(1))	\$110.00	\$ 110.00	<input type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$390.00	\$	<input type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$890.00	\$	<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$1390.00	\$	<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$1890.00	\$
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<b>CERTIFICATE OF MAILING</b>																						
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first-class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:</p> <div style="text-align: right; border: 1px solid black; padding: 2px; display: inline-block;">May 4, 2005</div>																						
Typed or printed name	<u>Quinn M Heber</u>																					
Signature	<u>Quinn M Heber</u>																					

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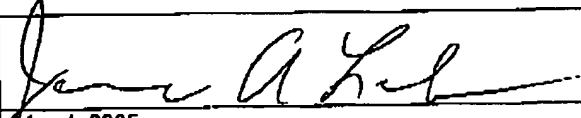
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<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after Initial filing)</small>	Application Number	10/700,212	
	Filing Date	11/03/2003	
	First Named Inventor	Wang et al.	
	Group Art Unit	2871	
	Examiner Name	Dudek, James A.	
Total Number of Pages in this Submission	Attorney Docket Number	CML01170T	

ENCLOSURES		(check all that apply)
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) <input checked="" type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> RCE
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	James A. Lamb	Registration No.	38,529
Signature			
Date	May 4, 2005		

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on the date listed below:	
Typed or printed name	<u>Dawn M Hebein</u>
Signature	<u>Dawn M Hebein</u>
Date	May 4, 2005